

NATIONAL Assessment Centre Services.

Unit 1 Jan 08

NA 420080747

Date In: 17/09/2020 11:57
Ref No: NA 4200809995/4
Veh No: F26 592813
D.O.A: 17/09/2020 09:30

Job description

Date & Time Completed

Done by

SAS e-filing

E-trail (Update 3hrs, AIC 2hrs)

I-Motor Claims Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whom

OD TP Reporting Only

TP Insurer:

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: (

Warranty: YES () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

NA 420080967

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Ref 1:

Ref 2:

Ref 3:

Ref 4:

Ref 5:

Ref 6:

Ref 7:

Ref 8:

Ref 9:

Ref 10:

Ref 11:

Ref 12:

Ref 13:

Ref 14:

Ref 15:

Ref 16:

Ref 17:

Ref 18:

Ref 19:

Ref 20:

Ref 21:

Ref 22:

Ref 23:

Ref 24:

Ref 25:

Ref 26:

Ref 27:

Ref 28:

Ref 29:

Ref 30:

Ref 31:

Ref 32:

Ref 33:

Ref 34:

Ref 35:

Ref 36:

Ref 37:

Ref 38:

Ref 39:

Ref 40:

Ref 41:

Ref 42:

Ref 43:

Ref 44:

Ref 45:

Ref 46:

Ref 47:

Ref 48:

Ref 49:

Ref 50:

Ref 51:

Ref 52:

Ref 53:

Ref 54:

Ref 55:

Ref 56:

Ref 57:

Ref 58:

Ref 59:

Ref 60:

Ref 61:

Ref 62:

Ref 63:

Ref 64:

Ref 65:

Ref 66:

Ref 67:

Ref 68:

Ref 69:

Ref 70:

Ref 71:

Ref 72:

Ref 73:

Ref 74:

Ref 75:

Ref 76:

Ref 77:

Ref 78:

Ref 79:

Ref 80:

Ref 81:

Ref 82:

Ref 83:

Ref 84:

Ref 85:

Ref 86:

Ref 87:

Ref 88:

Ref 89:

Ref 90:

Ref 91:

Ref 92:

Ref 93:

Ref 94:

Ref 95:

Ref 96:

Ref 97:

Ref 98:

Ref 99:

Ref 100:

Ref 101:

Ref 102:

Ref 103:

Ref 104:

Ref 105:

Ref 106:

Ref 107:

Ref 108:

Ref 109:

Ref 110:

Ref 111:

Ref 112:

Ref 113:

Ref 114:

Ref 115:

Ref 116:

Ref 117:

Ref 118:

Ref 119:

Ref 120:

Ref 121:

Ref 122:

Ref 123:

Ref 124:

Ref 125:

Ref 126:

Ref 127:

Ref 128:

Ref 129:

Ref 130:

Ref 131:

Ref 132:

Ref 133:

Ref 134:

Ref 135:

Ref 136:

Ref 137:

Ref 138:

Ref 139:

Ref 140:

Ref 141:

Ref 142:

Ref 143:

Ref 144:

Ref 145:

Ref 146:

Ref 147:

Ref 148:

Ref 149:

Ref 150:

Ref 151:

Ref 152:

Ref 153:

Ref 154:

Ref 155:

Ref 156:

Ref 157:

Ref 158:

Ref 159:

Ref 160:

Ref 161:

Ref 162:

Ref 163:

Ref 164:

Ref 165:

Ref 166:

Ref 167:

Ref 168:

Ref 169:

Ref 170:

Ref 171:

Ref 172:

Ref 173:

Ref 174:

Ref 175:

Ref 176:

Ref 177:

Ref 178:

Ref 179:

Ref 180:

Ref 181:

Ref 182:

Ref 183:

Ref 184:

Ref 185:

Ref 186:

Ref 187:

Ref 188:

Ref 189:

Ref 190:

Ref 191:

Ref 192:

Ref 193:

Ref 194:

Ref 195:

Ref 196:

Ref 197:

Ref 198:

Ref 199:

Ref 200:

Ref 201:

Ref 202:

Ref 203:

Ref 204:

Ref 205:

Ref 206:

Ref 207:

Ref 208:

Ref 209:

Ref 210:

Ref 211:

Ref 212:

Ref 213:

Ref 214:

Ref 215:

Ref 216:

Ref 217:

Ref 218:

Ref 219:

Ref 220:

Ref 221:

Ref 222:

Ref 223:

Ref 224:

Ref 225:

Ref 226:

Ref 227:

Ref 228:

Ref 229:

Ref 230:

Ref 231:

Ref 232:

Ref 233:

Ref 234:

Ref 235:

Ref 236:

Ref 237:

Ref 238:

Ref 239:

Ref 240:

Ref 241:

Ref 242:

Ref 243:

Ref 244:

Ref 245:

Ref 246:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/09/2020 11:57
Date Of Accident	14/09/2020 09:30
Exact Location Of Accident	ALONG KILLINEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5938B
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXXX700L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87873102
Alternative Phone No	OFFICE-87873102

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-134CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109028207-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAIRI BIN SAMAD
NRIC No	SXXXX184I
Date Of Birth	22/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2000
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87873102
Fax Number	
Contact Number	OFFICE-87873102
Email Address	NOEMAIL

Address	BLK 295A COMPASSVALE CRESCENT #08-201
Postcode	541295
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200916/2014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EP57T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD HAIRI BIN SAMAD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG5938B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



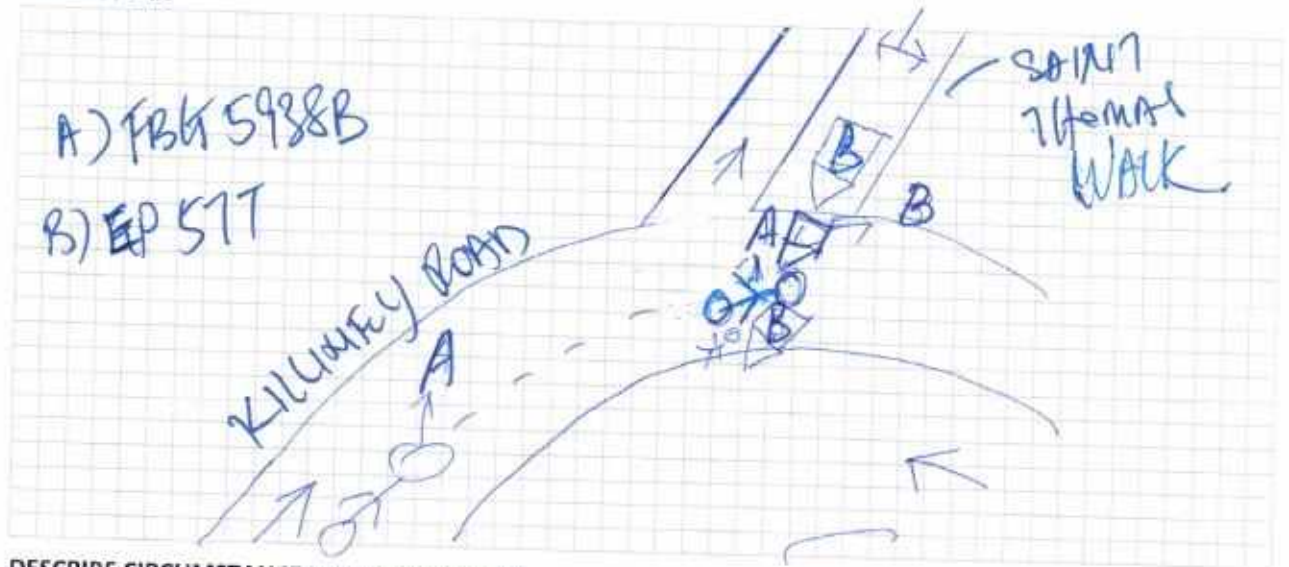
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

17/09/2020

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT T/20200916/2014

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

17/09/2020
[Signature]



POLICE FORCE



1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No T/20200916/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2020 09:21	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: MUHAMMAD HAIRI BIN SAMAD			Address: APT BLK 295A COMPASSVALE CRESCENT #08-201 SINGAPORE 541295		
ID Type / ID No.: NRIC NO / S8104184I			Contact No.: Home/Office: Mobile: 87873102		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 22/02/1981	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: FOODPANDA RIDER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/09/2020 09:30	Type of Location:
Location: KILLINEY ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EP57T	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White		0
FBG5938B	Motorcycle	YAMAHA	X-1R	Blue		0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No: T/20200916/2014

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAIRI BIN SAMAD	ID No.	S8104184I
Related Vehicle	FBG5938B (Motorcycle)	Contact No.	87873102
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE STATED,DATE,TIME AND LOCATION, I WAS RIDING ALONG KILLINEY ROAD TOWARDS ORCHARD. SUDDENLY, I SAW A VEHICLE ON MY LEFT FROM SAINT THOMAS WALK SUDDENLY MAKE A RIGHT TURN EXIT INTO KILLINEY ROAD. I TRIED TO HORN AND BRAKE. HOWEVER, THE OTHER DRIVER DECIDED TO FOLLOW THROUGH AND AS A RESULT, HIS FRONT OF THE CAR COLLIDED INTO MY LEFT SIDE. I ENDED UP FALLING TO THE GROUND CLOSE TO THE DRIVER'S DOOR. OTHER PASSER-BYS HELPED CONTACT THE POLICE AND AMBULANCE. AFTERWARDS, WHEN THEY ARRIVED, I WAS CONVEYED TO SGH.
IO IN-CHARGE: ESMOND



POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000

3 of 3

Report No. T/20200916/2014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD AMIRUL M

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 ABDUL MUHAJMIN BIN HUSSAIN
Contact No.: 65476090

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
16/09/2020 09:21

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 



SOUTHERN MOTOR

Business Reg. No. 23411300H

Blk 1006, Bukit Merah Lane 2 #01-10, Singapore 159762

Tel: 6273-0369 (3 Lines) Fax: 6274-6614

RENTAL AGREEMENT

Agreement No. 2020/0829/Rep

Dated 12-9-2020

Renter's Name	Muhammad Hairi Bin Samad		
Renter's Address	Blk 295A Compassvale Crescent #08-2013C54129S1		
NRIC/ FIN/ PP	S8104184I	Start Date	12-9-2020
Licence No.	S8104184I	Return Date	30-9-2020
Contact No.	87873102/97931779	Security Deposit \$	100.00 (O/R 68596)
Vehicle No.	FBG 593813	<input type="checkbox"/> Transfer of S.D	Fr Agt.
Make/ Model	Yamaha X-1R	Accessories	

☐ Cash Rental: Rental Amount: \$ (Cash) Rental Days:

☐ Rental Package:

Installment Plan: Monthly Rental Amount Payable: \$ No. Of Installments:

And Last Installment Amount Payable: \$

Your installments under the Rental Agreement will be paid every day of every month commencing on the day

This Rental is by and between Southern Motor, Block 1006, Bukit Merah Lane 2, #01-10, Singapore 159762 (hereinafter referred to as the "Owner") and the Renter as stated above. Renter must produce a valid Singapore NRIC / FIN/ Passport card and a valid Driving License / International Driving License / Foreign Driving Licence. Renter guarantees that he / she is not under any suspension order on his/her Driving License.

Rental Payment / Security Deposit

Rental charges and Security Deposit are payable by the Renter upon taking possession of the vehicle. The security deposit will be refunded to the Renter, 14 days after the end of the rental period. The Owner will use the security deposit to offset any repairs, fines or summons (if any) incurred by the Renter during the rental period. Rental charges paid is non-refundable and non-transferable. **In the event that the Security Deposit is not claimed within 3 months starting 14 days after the end of the rental period, it will be wholly forfeited.**



Rental Rates / Replacement Vehicle

Rates quoted are in Singapore Currency and include insurance, maintenance and unlimited mileage. Minimum rental charge is one-day's rate. Each excess hour is charged at one-fifth of the daily rate. For Vehicle returned after office hours, the Renter will be charged till 10am of the next working day. If the rental vehicle becomes unavailable, the Owner reserves the right to replace the vehicle with an alternative vehicle or refund the Renter the balance of the rental amount.

Rental Extension

Any extension of rental period is subject to the Owner's approval and payment of the rental amount for the extended rental period.. Rental Extension may be done via phone and extended automatically upon Renter's request and upon Owner's receipt of the rent amount via cash/electronic/digital payment from Renter. The Rental Extension will supplement the above-mentioned Rental Agreement. All the terms and conditions existing on the previous rental term prior expiration shall remain to be effective.

	Start Date	Return Date	Amount (\$)	Date	Cash Sale No.
1					
2					
3					
4					
5					
6					

Renter's initial  

Accident NT/1103710

Modification History

Claim 001 [New](#)

Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Preferred Workshop No. (Mandatory) Date Registered Report Taken By Print AK letter		Insured Name Contact No. (Home) Email Address Vehicle Number FBG583BB / EP57T ON 14 Sept 2020 Insured Name Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Insured Liability Preferred Not at Fault Preferred Workshop, Name unknown KIA Report Received Claim Close Date 17/09/2020 15:55 ROSLI WAHAB		Insured Name Contact No. (Home) Email Address Vehicle Number FBG583BB / EP57T ON 14 Sept 2020 Insured Name Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Insured Liability Preferred Not at Fault Preferred Workshop, Name unknown KIA Report Received Claim Close Date 17/09/2020 15:55 ROSLI WAHAB	
---	--	---	--	---	--

Attachments

Accident No.		WT/11E17/10		Claim No.		901	
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date		17/09/2020 15:57	
Path *				Category *		Confidential	
Choose File	No file chosen	Clear	Please Select	NO	Normal	Description *	
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Download Files		Clear	Please Select	NO	Normal		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent?
NAC_PAYA_UBT_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Sep 2020 15:57	Motos	Normal	Briefing Notes - 15	[CO]

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:57	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:57	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:57	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:57	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:57	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:57	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:56	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:56	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:56	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:56	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:56	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:55	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:55	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:55	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:55	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:55	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:55	Photos		Normal	Photos 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Sep 2020 15:55	SAS		Normal	SAS 2020-9-17

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5109280207-01-000024

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBG59388

Chassis Number

: 453304439

2. Name of Policyholder

: SOUTHERN MOTOR

3. Effective Date of Insurance

: 07 May 2020

4. Expiry Date of Insurance

: 06 May 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)

Date of Issue : 09 Apr 2020 12:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive